Fill in this inform	nation to identify your case:	
Debtor 1	Edward C Penrose, II	_
Debtor 2 (Spouse, if filing)		_
United States Ba	ankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number	20-10947	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106I	MM / DD/ YYYY

Schedule I: Your Income

Part 2: Give Details About Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse			
If you have more than one job,	Francisco est atatua	■ Employed	☐ Employed			
attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed			
employers.	Occupation	Dispatcher	Dispatcher			
Include part-time, seasonal, or self-employed work.	Employer's name	Philadelphia Truck Line				
Occupation may include student or homemaker, if it applies.	Employer's address	519 Kaiser Drive Suite D Folcroft, PA 19032				

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 3,426.07 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 3.426.07 0.00

Official Form 106I Schedule I: Your Income page 1

Debto	or 1	Edward C Penrose, II	_	(Case	e number (if known)	20)-10947		
					Fo	r Debtor 1	F	or Debtor 2	2 or	
					10	i Debtoi i		on-filing sp		
	Сор	y line 4 here	4.		\$	3,426.07	\$		0.00	
	•				_					
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	а.	\$	681.47	\$	í	0.00	
	5b.	Mandatory contributions for retirement plans	5b	ο.	\$	0.00	\$,	0.00	
	5c.	Voluntary contributions for retirement plans	50	Э.	\$	0.00	\$	·	0.00	
	5d.	Required repayments of retirement fund loans	50	d.	\$	0.00	\$	<u> </u>	0.00	
	5e.	Insurance	56	€.	\$	283.49	\$,	0.00	
	5f.	Domestic support obligations	5f.		\$	0.00	\$	j	0.00	
	5g.	Union dues	50	g.	\$	0.00	\$	<u>, </u>	0.00	
	5h.	Other deductions. Specify: Aflac	5h	า.+	\$	68.10	+ \$	<u> </u>	0.00	
		Liberty Mutual			\$	365.69	\$	j	0.00	
		Life			\$	9.66	\$	<u>, </u>	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5q+5h.	_ 6.		\$	1,408.41	\$		0.00	
		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		* - \$		\$			
			۲.		Ψ –	2,017.66	φ	'	0.00	
		all other income regularly received:								
	8a.	Net income from rental property and from operating a business, profession, or farm								
		Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	88	а.	\$_	0.00	\$;	0.00	
	8b.	Interest and dividends	8b	Ο.	\$_	0.00	\$	i	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent								
		regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80		\$	0.00	\$;	0.00	
	8d.	Unemployment compensation	80		\$-	0.00	\$		585.51	
	8e.	Social Security	86		\$ -	0.00	\$		0.00	
	8f.	Other government assistance that you regularly receive	00	٠.	Ψ_	0.00	Ψ	<u> </u>	0.00	
	01.	Include cash assistance and the value (if known) of any non-cash assistance								
		that you receive, such as food stamps (benefits under the Supplemental								
		Nutrition Assistance Program) or housing subsidies.								
		Specify:	_ 8f		\$_	0.00	\$		0.00	
	8g.	Pension or retirement income	80	_	\$_	0.00	\$		0.00	
	8h.	Other monthly income. Specify: COVID 19 Unemployment Stipend	_ 8h	า.+	\$_	0.00	+ \$		600.00	
0	ام ام ۸	all other income. Add lines On Ob On Od On Ot On Ob	0	Γ.	<u></u>	0.00	đ	` .	405.54	7
9.	Aud	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	Ľ	\$_ 	0.00	\$	<u>2</u>	,185.51	1
			Ī	_						
		•	10.	\$_		2,017.66 + \$		2,185.51	= \$	4,203.17
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L							
11.	Stat	e all other regular contributions to the expenses that you list in Schedule	J.							
		ude contributions from an unmarried partner, members of your household, your	depe	end	ents	s, your roommates	s, ar	nd		
		er friends or relatives.	:	_ _			: است	. Calaaduda	,	
	Spe	not include any amounts already included in lines 2-10 or amounts that are not a	avaii	abie	e to	pay expenses list	.ea i	n S <i>cheaule</i> 11.		0.00
	Орс						—		Ψ	0.00
12.	Add	the amount in the last column of line 10 to the amount in line 11. The res	ult is	the	e coi	mbined monthly in	ncor	ne.		
		e that amount on the Summary of Schedules and Statistical Summary of Certai						it		4 000 47
	appl	ies						12.	\$	4,203.17
								L	Combin	ed
										income
13.	Do y	you expect an increase or decrease within the year after you file this form	?						-	
		No.								
		Yes. Explain:								